

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09781823</u>	FILING DATE <u>02/12/01</u>					
						APPLICANT(S)						
4/12/01						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			1				51					
2				1			52					
3					1		53					
4						1	54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11	1			1			61					
12	1				1		62					
13		1			1		63					
14		1			1		64					
15	1			1			65					
16		1			1		66					
17		1			1		67					
18		1			1		68					
19	1			1			69					
20		1			1		70					
21	1			1			71					
22		1			1		72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31	--						81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5	J	5	J			TOTAL IND.		J		J	
TOTAL DEP.	17	J	17	J	J		TOTAL DEP.		J		J	
TOTAL CLAIMS	22		22				TOTAL CLAIMS					